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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7825

|                                    |   |                     |                               |                                |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/723,046 | <b>FILING OR 371(c)<br/>DATE</b><br>11/26/2003<br><b>RULE</b> | <b>CLASS</b><br>257 | <b>GROUP ART UNIT</b><br>2811 | <b>ATTORNEY<br/>DOCKET NO.</b> |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY \*\*

\*\* 02/26/2004

|   |   |                                   |                                |                               |                                    |
|---|---|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>9 | <b>TOTAL<br/>CLAIMS</b><br>23 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| Verified and<br>Acknowledged                                | Examiner's Signature _____ Initials _____   |                                   |                                |                               |                                    |

## ADDRESS

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## TITLE

TEXTURE FOR LOCALIZING AND MINIMIZING EFFECTS OF LATTICE CONSTANTS MISMATCH

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>412 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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